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Editorial

Ethics and priorities

Discussion of medical priorities, stimulated by the Government's consultative document on the topic published in March, has so far been in general terms. At first sight the plans of the Department of Health and Social Security for switching resources from the acute hospital service to community care of the old and the mentally handicapped might seem unlikely to precipitate ethical conflicts: but in practice there may be some harsh choices ahead.

For most of the history of the National Health Service the service has been able to provide good quality care for anyone who suddenly became seriously ill. Victims of road accidents, children with meningitis, adults who perforated a peptic ulcer or had a heart attack: in such cases immediate and effective treatment was available at the local hospital. More recently, however, the pace of technological advance has quickened and few common medical syndromes are managed nowadays in the same simple way as ten years ago. Both diagnostic procedures and the clinical supervision of patients have come to rely heavily on electronic equipment, fibreoptics, isotope scanners, and a whole range of laboratory equipment. Patients whose kidneys or livers fail may be kept alive by the use of artificial organs. Many more congenital defects are surgically correctable, and children with inborn chemical disorders can often be given a chance of normal life by replacement therapy or special diets.

These new and often life-saving treatments and procedures are expensive – indeed they are so costly that many NHS hospitals cannot yet provide optimum treatment for all their patients. More disturbingly, some patients in need of specific, expensive treatment are having to be denied it.

When artificial kidneys first became generally available 10–15 years ago there were grave ethical problems in choosing which patients should be put onto treatment from the many who could benefit. In some hospitals special committees were set up, consisting of both doctors and laymen, to advise on the selection of patients. This grim situation, in which those not selected inevitably died, was tolerable only because the numbers of machines were steadily being increased so that each year more patients could be offered treatment. These conditions of economic growth no longer exist, and indeed in Britain today by no means all children with end-stage renal failure can be offered treatment on an artificial kidney. A similar problem exists with haemophilia; replacement therapy with factor VIII can transform a child's life from invalidism to near normality, but the treatment is very expensive and in many parts of the country only a few of the children who could benefit are on treatment.

The current economic recession will not halt technological progress in medicine. Each year some new treatments will become available for previously incurable disorders. If the budgets of acute hospitals are frozen, however, fewer of these new treatments will come into general use – and the problems of selection of patients for treatment will become more acute.

In developing countries such problems are only too familiar. Preventable diseases such as measles still account for hundreds of thousands of deaths a year in countries which cannot supply vaccine to all their population; 600 000 children die each year in Africa from malaria because they are not given the necessary preventive drugs; thousands of children become permanently blind each year in India from preventable vitamin A deficiency. In part these avoidable deaths and handicaps are the result of too much priority having been given to western-style medicine in the cities and too little to preventive medicine in the rural areas; but they also reflect decisions made about allocation of national income and the relatively low priority sometimes given to health.

As economic pressures force us in the west to begin to examine our own priorities, where should the technically advanced countries concentrate their resources? For the last 20 years the pace of medical advance and its glamour have led to the major share of health expenditure going to acute, curative medicine: the community care of the old, the mentally handicapped, and the chronic sick has been neglected. The DHSS decision to switch resources to these groups would have caused few problems had economic growth been sustained; but in Britain and elsewhere some retrenchment has proved necessary. Choices will have to be made: and many doctors will want to continue to give priority to patients with conditions that are curable by modern treatment

methods. Few of us have been prepared to tell a patient or his family that treatment is possible but cannot be given for economic reasons. Yet this is the situation that is being faced more often by hospital specialists. At present they generally save themselves and their patients distress by suggesting that there are medical grounds for withholding treatment. This well intentioned deception will become less and less possible in the years ahead.

Benefits for man and animals

The article by Dr Lane-Petter on page 118 and the comments which follow it enable the ethical issues of experiments on animals to be much more clearly discerned than previously for they are freed, on the one hand, from the usual falsehoods and distortions of anti-vivisectionist propaganda, and, on the other, from a tendency to bland dismissal of any possible guilt by those who use animals for biological research. But the debate is incomplete. There is no mention of the vast benefits conferred on animals themselves by animal experiments. Veterinary practice has been as much advanced by animal work as has medical science. The reduction of suffering which these advances have conferred on animals in homes and on farms has been parallel with the ever-widening relief of human suffering. Nor is the question of the relative intensity of suffering by man and animals caused by pain and fear examined. It is evident to any doctor that humans differ widely in their response to pain and animals must similarly differ from man. There is no comparison between the two in mental suffering. The dog trots happily to the laboratory where he will undergo a non-survival experiment unlike the condemned criminal approaching the scaffold. Remove the anticipation of and meditation on pain from the human sufferer and half of it has gone. Apart from primates we can be confident that few animals suffer from pain as do humans in this way. Nor is the evolutionary aspect considered. God, or natural selection, evolved carnivores to prey upon their fellow creatures without giving them any anaesthetics, and some, as with cat and mouse, prolong their victim's death. Man, an omnivore, has, except in a few cults, followed this evolutionary road. Biological science, aided by animal experiment, has enabled him to provide pain-free methods of slaughter. It is perhaps wrong to use an evolutionary test for ethical principles, for man evolved as an inter-tribal warring species and we now seek to find alternatives to the evils of war because of the suffering it causes. Here is the fundamental ethical principle to which we can all subscribe.

The debate on alternative methods for biological research is unusual in so far as we find economy and ethics working hand in hand. For this reason the animal experimenters say that if such methods were valid, they would use them. FRAME[1] maintains that insufficient effort is made to develop them and test their validity. If this is true, more support should be provided by the research councils for such work.

The question that confronts us all is how to ensure that action is taken to lessen the unnecessary use of animals for experiments which cause pain. All who are concerned with animal welfare should urge their Members of Parliament to bring continual pressure on the Home Secretary to end the 10 years of neglect of the Littlewood Committee's recommendations that a reconstituted advisory committee should be set up with terms of reference widened to include consideration of the ethical questions considered in paragraph 237 of that report and discussed at length by Dr Lane-Petter. Animal experiments have conferred such benefits on both man and animals that they must continue but only insofar as they are necessary for human and animal welfare.

[1]Fund for the replacement of animals in medical experiments.